

**COMBINED DECLARATION AND POWER OF ATTORNEY**

ATTORNEY'S DOCKET NO.

38797-8004.US00

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

COMPOSITIONS AND METHODS FOR INCREASING TELOMERASE ACTIVITY

the specification of which (check only one item below):

- ☐ is attached hereto.
☒ **was filed as United States Application Serial No. 10/562,374 on December 23, 2005.**
☐ was filed as PCT international application Number on .

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56(a).

I hereby claim foreign priority benefits under 35 U.S.C. §119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate or 365(a) of any PCT international application(s) which designated at least one country other than the United States of America listed below and have also identified below, by checking the box, any foreign application(s) for patent or inventor's certificate, or of any PCT international application(s) having a filing date before that of the application(s) on which priority is claimed.

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COUNTRY (if PCT, indicate "PCT")	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 35 USC §119	
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U.S. APPLICATION NUMBER		U.S. FILING DATE		PATENTED	PENDING	ABANDONED
60/480,988		23 June 2003				X
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PCT/US04/20277	23 June 2004				X	

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Send Correspondence to:		Perkins Coie LLP P.O. Box 2168 Menlo Park, CA 94026 Customer No. 22918	Direct Telephone Calls to: LeeAnn Gorthey (503) 727-2116
FULL NAME OF INVENTOR 201	FAMILY NAME HARLEY	FIRST GIVEN NAME Calvin	SECOND GIVEN NAME Bruce
RESIDENCE & CITIZENSHIP	CITY Murphys	STATE OR FOREIGN COUNTRY California	COUNTRY OF CITIZENSHIP CA
POST OFFICE ADDRESS	POST OFFICE ADDRESS 1177 Sandalwood Drive	CITY Murphys	STATE & ZIP CODE/COUNTRY CA 95247
FULL NAME OF INVENTOR 202	FAMILY NAME CHIN	FIRST GIVEN NAME Allison	SECOND GIVEN NAME C.
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2006.07.11

Calvin B. Hargy

Date

Signature

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Date

Signature

SIGNATURE OF INVENTOR 203

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Signature

SIGNATURE OF INVENTOR 204

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SIGNATURE OF INVENTOR 205

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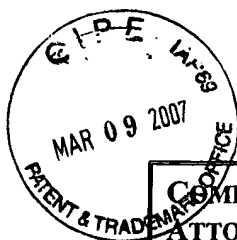
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SIGNATURE OF INVENTOR 203		
6/15/2006	T. Alami	
Date	Signature	
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Nancy Jp

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Stephen W

SIGNATURE OF INVENTOR 206

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Signature